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8156 7590 07/01/2004

JOHN P. O'BANION
O'BANION & RITCHEY LLP
400 CAPITOL MALL SUITE 1550
SACRAMENTO, CA 95814

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/724,691	11/28/2000	Randy J. Kesten	1292-01	7842

TITLE OF INVENTION: INTRA-AORTIC RENAL DRUG DELIVERY CATHETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	XXX 665	\$0	XXX 665	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAIORINO, ROZ	3763	604-509000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- John P. O'Banion
- James C. Peacock III
-

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FLOWMEDICA INC.

FREMONT, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature) [Signature] (Date) 9/24/04

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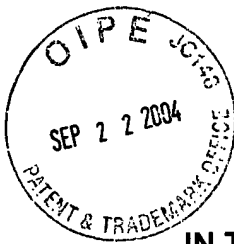
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09/24/2004 RMEBRAH1 00000159 09724691

01 FC:2501
02 FC:8001

665.00 OP
30.00 OP

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/724,691 Confirmation No.: 7842
Applicant : RANDY J. KESTEN, et al.
Title : INTRA-AORTIC RENAL DRUG DELIVERY CATHETER
Filed : 11/28/2000
TC/A.U. : 3763
Examiner : MAIORINO, ROZ
Docket No. : 1292-01 (FLO5360.03A)
Cust. No. : 8156

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Commissioner for Patents
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Alexandria, VA 22213-1450

ISSUE FEE TRANSMITTAL LETTER
(Small Entity)

Dear Sir:

The following items are enclosed:

1. Part B - Fee(s) Transmittal (PTOL-85);
2. Check in the amount of \$ 695
☒ \$665 issue fee
☐ \$300 publication fee
☒ \$ 30 advance order fee (10 copies)

Applicant qualifies as a Small Entity.

Date: 9/21/04

Respectfully submitted,

John P. O'Banion, Reg. No. 33,201
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(916) 498-1010

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that the foregoing:

Part B - Fee(s) Transmittal (PTOL-85)

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